

# CITY OF LOWELL

EMPLOYEE BENEFITS NEWSLETTER

MARCH 2020



## ***OPEN ENROLLMENT***

***APRIL 6, 2020 THRU JUNE 1, 2020***

### **Make the most of your Open Enrollment**

Your employee benefits are a valuable part of your total compensation. Open Enrollment is your annual opportunity to ensure you are getting the most from your benefits! This is the time of year when health plan rates are announced and you have an opportunity to make changes to your elections.

If you are satisfied with your current plan elections, you do not have to do anything (excluding Flexible Spending).

### **IMPORTANT DATES TO REMEMBER**

**OPEN ENROLLMENT PERIOD: APRIL 6, 2020 THRU JUNE 1, 2020**

**NEW COVERAGE IS EFFECTIVE : JULY 1, 2020**

**FOR BENEFITS INFO, VISIT: <https://lowellma.gov/168/Human-Relations>**

Benefit Enrollment and Change forms for Medical, Dental, FSA (new enrollee) are available by contacting our office or visiting the Human Relations tab on the City website at <https://lowellma.gov/168/Human-Relations>

Please contact our office for Boston Mutual Life Insurance Forms

### **How to Submit Forms:**

**EMAIL:** [HumanResources@Lowellma.gov](mailto:HumanResources@Lowellma.gov)

**FAX:** 978-446-7102

**MAIL:** Human Relations Office

City Hall, Room 19

375 Merrimack Street

Lowell, MA 01852

### **Questions, Contact us:**

**Phone:** 978-674-4105

**Email:** [HumanResources@Lowellma.gov](mailto:HumanResources@Lowellma.gov)

**Hours:** Human Relations Office, City Hall

8am-5pm (Monday, Wednesday, Thursday)

8am-8pm (Tuesday); 8am-12pm (Friday)

**\* DUE TO COVID-19 CONCERNS; CITY HALL WILL BE CLOSED TO THE PUBLIC EFFECTIVE MONDAY, MARCH 16, 2020 UNTIL FURTHER NOTICE. PLEASE VISIT THE CITY'S WEBSITE OR CALL FOR THE MOST UP TO DATE INFORMATION.**

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## GIC MEDICAL INSURANCE

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Highlights of benefit changes for the FY2021 plan year include:

- **Non-Medicare Plans:** All carriers, products, yearly deductible remain the same
- **Medicare Plans:** No benefit changes. All carriers and products remain the same

Please refer to the *GIC Benefit Decision Guide* for a complete listing of the health plans.

**Active Employees:** Completed GIC enrollment forms must be submitted to the Human Relations Office no later than June 1, 2020 at 4 PM

**Retirees:** Contact the *GIC directly* for changes at 617-727-2310 or go to [www.mass.gov/gic](http://www.mass.gov/gic) for more information.

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## DELTA DENTAL

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No benefit changes. All plan benefits remain the same.

**Active Employees and Retirees:** Completed Delta Dental enrollment forms are due to the Human Relations Office no later than June 1, 2020 at 4 PM.

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## CAFETERIA PLAN ADVISORS/FLEXIBLE SPENDING ACCOUNT (FOR ACTIVE EMPLOYEES)

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Flexible spending accounts allow you to set aside pre-tax dollars to pay for out of pocket health care and dependent care expenses. These deductions are exempt from federal, state and Medicare withholding. For more information contact Cafeteria Plan Advisors (CPA) at 781-848-9848 or visit [www.cpa125.com](http://www.cpa125.com). New enrollees must submit completed enrollment forms to the Human Relations office no later than June 1, 2020 at 11:00 AM. **Employees currently enrolled must re-enroll directly with CPA no later than June 1, 2020 at 4 PM**

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### MAX ANNUAL HEALTH CARE ELECTION HAS INCREASED TO \$2,750

#### **NEW ENROLLEES:**

Must submit your completed forms to the Human Relations Office no later than June 1, 2020 at 4 PM

#### **CURRENT ENROLLEES:**

Enrollees must RE-ENROLL directly with CPA no later than June 1, 2020 at 4 PM

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## **HEALTH REIMBURSEMENT ARRANGEMENT (FOR ACTIVE EMPLOYEES AND RETIREES)**

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The HRA is administered by UltraBenefits. The plan reimburses for eligible out of pocket expenses. The HRA plan runs July 1-June 30. All claims must be submitted for reimbursement by October 31 following the end of the plan year. An online portal is available for members to [access and view](#) claim related information.

For claim forms and additional information, visit our website at <https://lowellma.gov/172/Employment-Benefits>

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## **BOSTON MUTUAL LIFE INSURANCE, TRUSTMARK INSURANCE COMPANY, AND COLONIAL LIFE (FOR ACTIVE EMPLOYEES)**

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During the Open Enrollment Period, you have the opportunity to sign up for Boston Mutual Life Insurance products. Enrollment forms are available by contacting the Human Relations Office.

Trustmark Insurance Company offers plans such as whole life insurance, short term and long term disability, Hospital Stay Pay Insurance, Life Lock Protection, and more. Contact Trustmark directly at 1-800-445-4493 Ext 36, David Krall or email at [DRK@pwb-mmip.com](mailto:DRK@pwb-mmip.com)

Colonial Life Insurance offers term and whole life insurance, short term and long term disability, and other voluntary benefits. Contact Scott Curtis at 978-456-7717 or by email at [scott.curtis@coloniallife.com](mailto:scott.curtis@coloniallife.com)

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## **529 COLLEGE SAVINGS PLAN**

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A 529 plan is a tax- advantaged plan designed to encourage saving for the future higher education expenses of a designated beneficiary. This product is offered by the Massachusetts Educational Financing Authority (MEFA) . Detailed information can be found by visiting their website at <https://www.mefa.org/products/u-fund-college-investing-plan/>

# FY2021 GIC MEDICAL PREMIUM RATES

GIC Non-Medicare Plan Rates						
Plan Name	Coverage	Monthly Premium (100%)	42 Weeks (25%)	52 Weeks (25%)	Monthly (25%)	COBRA
Allways Health Partners Complete (HMO)	Individual	\$ 687.87	\$ 49.13	\$ 39.68	\$ 171.97	\$ 701.63
	Family	\$ 1,789.45	\$ 127.82	\$ 103.24	\$ 447.36	\$ 1,825.24
Fallon Health Direct Care (HMO)	Individual	\$ 618.59	\$ 44.18	\$ 35.69	\$ 154.65	\$ 630.96
	Family	\$ 1,561.48	\$ 111.53	\$ 90.09	\$ 390.37	\$ 1,592.71
Fallon Health Plan Select Care (HMO)	Individual	\$ 836.19	\$ 59.73	\$ 48.24	\$ 209.05	\$ 852.91
	Family	\$ 2,033.04	\$ 145.22	\$ 117.29	\$ 508.26	\$ 2,073.70
Harvard Pilgrim Independence Plan (POS)	Individual	\$ 917.18	\$ 65.51	\$ 52.91	\$ 229.29	\$ 935.52
	Family	\$ 2,239.19	\$ 159.94	\$ 129.18	\$ 559.80	\$ 2,283.97
Harvard Pilgrim Primary Choice Plan (HMO)	Individual	\$ 665.43	\$ 47.53	\$ 38.39	\$ 166.36	\$ 678.74
	Family	\$ 1,697.02	\$ 121.22	\$ 97.90	\$ 424.25	\$ 1,730.96
Health New England (HMO)	Individual	\$ 594.29	\$ 42.45	\$ 34.29	\$ 148.57	\$ 606.18
	Family	\$ 1,414.80	\$ 101.06	\$ 81.62	\$ 353.70	\$ 1,443.10
Tufts Health Plan Navigator (POS)	Individual	\$ 799.04	\$ 57.07	\$ 46.10	\$ 199.76	\$ 815.02
	Family	\$ 1,951.46	\$ 139.39	\$ 112.58	\$ 487.86	\$ 1,990.49
Tufts Health Plan Spirit (HMO-Type)	Individual	\$ 606.68	\$ 43.33	\$ 35.00	\$ 151.67	\$ 618.81
	Family	\$ 1,461.55	\$ 104.40	\$ 84.32	\$ 365.39	\$ 1,490.78
Unicare Indemnity / Comm Choice (PPO - Type)	Individual	\$ 552.57	\$ 39.47	\$ 31.88	\$ 138.14	\$ 563.62
	Family	\$ 1,368.05	\$ 97.72	\$ 78.93	\$ 342.01	\$ 1,395.41
Unicare State Indemnity Plan/ PLUS (PPO - Type)	Individual	\$ 723.74	\$ 51.70	\$ 41.75	\$ 180.94	\$ 738.22
	Family	\$ 1,722.50	\$ 123.04	\$ 99.37	\$ 430.62	\$ 1,756.95
Unicare State Plan/ Basic With CIC (Comprehensive - Indemnity)	Individual	\$ 1,163.76	\$ 83.13	\$ 67.14	\$ 290.94	\$ 1,187.03
	Family	\$ 2,582.71	\$ 184.48	\$ 149.00	\$ 645.68	\$ 2,634.36
Unicare State Plan/ Basic <u>w/out</u> CIC (Non-Comprehensive - Indemnity)	Individual	\$ 1,107.42	\$ 79.10	\$ 63.89	\$ 276.86	\$ 1,129.57
	Family	\$ 2,454.41	\$ 175.32	\$ 141.60	\$ 613.60	\$ 2,503.50

## GIC Medicare Supplement Plan Rates

GIC MEDICARE PLANS				
Plan Name	Coverage	Monthly Premium (100%)	Weekly (25%)	Monthly (25%)
Harvard Pilgrim Medicare Enhance (Indemnity)	Individual	\$ 404.04	\$ 23.31	\$ 101.01
Health New England Medicare Supplement Plus (Indemnity)	Individual	\$ 404.80	\$ 23.35	\$ 101.20
Tufts Health Plan Medicare Complement (Indemnity)	Individual	\$ 383.88	\$ 22.15	\$ 95.97
Tufts Health Plan Medicare Preferred (HMO)*	Individual	\$ 325.13	\$ 18.76	\$ 81.28
Unicare State Indemnity/Medicare Extension (OME) w/CIC (Indemnity)	Individual	\$ 399.86	\$ 23.07	\$ 99.97
Unicare State Indemnity/Medicare Extension (OME) w/out CIC (Indemnity)	Individual	\$ 388.80	\$ 22.43	\$ 97.20

\*Benefits and rates for Tufts Health Plan Medicare Preferred are subject to Federal approval and may change January 1, 2021

## FY2021 DELTA DENTAL PREMIUM RATES

Delta Dental Plans						
		Full Premium (100%)	42 Weeks (25%)	52 Weeks (25%)	Monthly (25%)	COBRA
Low Option	Individual	\$ 22.19	\$ 1.59	\$ 1.28	\$ 5.55	\$ 22.63
	Family	\$ 60.36	\$ 4.31	\$ 3.48	\$ 15.09	\$ 61.57
High Option	Individual	\$ 35.94	\$ 6.40	\$ 5.17	\$ 22.41	\$ 36.66
	Family	\$ 97.88	\$ 17.44	\$ 14.09	\$ 61.04	\$ 99.84

# MEDICAID & CHILDREN'S HEALTH INSURANCE PROGRAM (CHIP) MANDATORY NOTICE

***You may be eligible for assistance paying your employer health plan premiums.***

If you are eligible for health coverage from your employer, but are unable to afford the premiums, some States have premium assistance programs that can help pay for coverage. These States use funds from their Medicaid or CHIP programs to help people who are eligible for employer-sponsored health coverage, but need assistance in paying their health premiums.

If you or your dependents are already enrolled in Medicaid or CHIP and you live in a State listed below, you can contact your State Medicaid or CHIP office to find out if premium assistance is available.

If you or your dependents are NOT currently enrolled in Medicaid or CHIP, and you think you or any of your dependents might be eligible for either of these programs, you can contact your State Medicaid or CHIP office or dial **1-877-KIDS NOW** or **www.insurekidsnow.gov** to find out how to apply. If you qualify, you can ask the State if it has a program that might help you pay the premiums for an employer-sponsored plan.

Once it is determined that you or your dependents are eligible for premium assistance under Medicaid or CHIP, your employer's health plan is required to permit you and your dependents to enroll in the plan – as long as you and your dependents are eligible, but not already enrolled in the employer's plan. This is called a "special enrollment" opportunity, and you must request coverage within 60 days of being determined eligible for premium assistance.

If you live in Massachusetts, you may be eligible for assistance paying your employer health plan premiums. You should contact your State for further information on eligibility.

Massachusetts Medicaid & CHIP Website:

<http://www.mass.gov/MassHealth>

Phone: 1-800-462-1120

New Hampshire Medicaid Website:

<http://www.dhhs.nh.gov/oii/documents/hippapp.pdf>

Phone: 603-271-5218

For more information on other states and on special enrollment rights, you can contact either:

U.S. Department of Labor

Employee Benefits Security Administration

[www.dol.gov/ebsa](http://www.dol.gov/ebsa)

1-866-444-EBSA (3272)

U.S. Department of Health and Human Services

Centers for Medicare & Medicaid Services

[www.cms.hhs.gov](http://www.cms.hhs.gov)

1-877-267-2323, Menu Option 4, Ext. 61565

# NOTICE OF PRIVACY PRACTICES

## CITY OF LOWELL HEALTH PLANS

**THIS NOTICE DESCRIBES HOW MEDICAL/HEALTH INFORMATION  
ABOUT YOU MAY BE USED AND DISCLOSED AND  
HOW YOU CAN GET ACCESS TO THIS INFORMATION.  
PLEASE REVIEW IT CAREFULLY.**

At the City of Lowell, we respect the privacy and confidentiality of your health information. This Notice of Privacy Practices ("Notice") describes how we may use and disclose your medical/health information and how you can get access to this information. This Notice applies to uses and disclosures we may make of all your health information whether created or received by us.

### **I. OUR RESPONSIBILITIES TO YOU**

We are required by law to:

Maintain the privacy of your health information and to provide you with notice of our legal duties and privacy practices.

Comply with the terms of our Notice currently in effect.

We reserve the right to change our practices and to make the new provisions effective for all health information we maintain, including both health information we already have and health information we create or receive in the future. Should we make material changes, we will make the revised Notice available to you by posting it on the City of Lowell website.

### **II. HOW WE WILL USE AND DISCLOSE YOUR HEALTH INFORMATION FOR TREATMENT, PAYMENT AND HEALTH CARE OPERATIONS**

We may use and disclose your health information for purposes of treatment, payment and health care operations as described below.

**For Treatment.** We may use and disclose your health information to provide you with treatment and services and to coordinate your continuing care. Your health information may be used by doctors and nurses, as well as by lab technicians, dietitians, physical therapists or other personnel involved in your care and with other health care providers involved in your care. For example, a pharmacist will need certain information to fill a prescription ordered by your doctor. We may also disclose your health information to persons or facilities that will be involved in your care after you leave employment.

**For Payment.** We may use and disclose your health information so that we can provide payment for the treatment and services you receive. For billing and payment purposes, we may disclose your health information to insurance or managed care company, Medicare, Medicaid or another third party payor.

**For Health Care Operations.** We may use and disclose your health information as necessary for our internal operations, such as for general administration activities and to monitor the quality of care you receive. For example, we may use your health information to evaluate the quality of care you received, for education and training purposes, and for planning for services.

### **III. OTHER USES AND DISCLOSURES WE MAY MAKE WITHOUT YOUR WRITTEN AUTHORIZATION**

Under the Privacy Regulations, we may make the following uses and disclosures without obtaining a written Authorization from you:

**As Required By Law.** We may disclose your health information when required by law to do so.

**Public Health Activities.** We may disclose your health information for public health activities.

**Health Oversight Activities.** We may disclose your health information to a health oversight agency for activities authorized by law. A health oversight agency is a state or federal agency that oversees the health care system. Some of the activities may include, for example, audits, investigations, inspections and licensure actions.

**Judicial and Administrative Proceedings.** We may disclose your health information in response to a court or administrative order. We also may disclose information in response to a subpoena, discovery request, or other lawful process.

**Law Enforcement.** We may disclose your health information for certain law enforcement purposes, including, for example, to file reports required by law or to report emergencies or suspicious deaths; to comply with a court order, warrant, or other legal process; to identify or locate a suspect or missing person; or to answer certain requests for information concerning crimes.

**Coroners, Medical Examiners, Funeral Directors, Organ Procurement Organizations.** We may release your health information to a coroner, medical examiner, funeral director and, if you are an organ donor, to an organization involved in the donation of organs and tissue.

**Research.** Your health information may be used for research purposes, but only if: (1) the privacy aspects of the research have been reviewed and approved by a special Privacy Board or Institutional Review Board and the Board can legally waive patient authorizations otherwise required by the Privacy Regulations; (2) the researcher is collecting information for a research proposal; (3) the research occurs after your death; or (4) if you give written authorization for the use or disclosure.

**To Avert a Serious Threat to Health or Safety.** When necessary to prevent a serious threat to your health or safety, or the health or safety of the public or another person, we may use or disclose your health information to someone able to help lessen or prevent the threatened harm.

**Military and Veterans.** If you are a member of the armed forces, we may use and disclose your health information as required by military command authorities. We may also use and disclose health information about you if you are a member of a foreign military as required by the appropriate foreign military authority.

**National Security and Intelligence Activities; Protective Services for the Patient and Others.** We may disclose health information to authorized federal officials conducting national security and intelligence activities or as needed to provide protection to the President of the United States, certain other persons or foreign heads of states or to conduct certain special investigations

**Inmates/Law Enforcement Custody.** If you are an inmate of a correctional institution or under the custody of a law enforcement official, we may disclose your health information to the institution or official for certain purposes including your own health and safety as well as that of others.

**Workers' Compensation.** We may use or disclose your health information to comply with laws relating to workers' compensation or similar programs.

**Disaster Relief.** We may disclose health information about you to an organization assisting in a disaster relief effort.

**Treatment Alternatives and Health-Related Benefits and Services.** We may use or disclose your health information to inform you about treatment alternatives and health-related benefits and services that may be of interest to you.

**Business Associates.** We may disclose your health information to our business associates under a Business Associate Agreement.

The conditions pursuant to which disclosures may be made for the above-listed purposes are more fully described at 45 CFR 164.512.

#### **IV. YOUR WRITTEN AUTHORIZATION IS REQUIRED FOR ALL OTHER USES OR DISCLOSURES OF YOUR HEALTH INFORMATION**

We will obtain your written authorization (an "Authorization") prior to making any use or disclosure other than those described above.

A written Authorization is designed to inform you of a specific use or disclosure, other than those set forth above, that we plan to make of your health information. The Authorization describes the particular health information to be used or disclosed and the purpose of the use or disclosure. Where applicable, the written Authorization will also specify the name of the person to whom we are disclosing the health information. The Authorization will also contain an expiration date or event.

You may revoke a written Authorization previously given by you at any time but you must do so in writing. If you revoke your Authorization, we will no longer use or disclose your health information for the purposes specified in that Authorization except where we have already taken actions in reliance on your Authorization. A Revocation of Authorization form is available from your town's Health Benefits Office.

#### **V. YOUR RIGHTS REGARDING YOUR HEALTH INFORMATION**

You have the following rights regarding your health information:

**Right to Request Restrictions.** You have the right to request that we restrict the way we use or disclose your health information for treatment, payment or health care operations. However, we are not required to agree to the restriction. If we do agree to a restriction, we will honor that restriction except in the event of an emergency and will only disclose the restricted information to the extent necessary for your treatment.

**Right to Request Confidential Communications.** You have the right to request that we communicate with you concerning your health matters in a certain manner or at a certain location. For example, you can request that we contact you only at a certain phone number. We will accommodate your reasonable requests.

**Right of Access to Personal Health Information.** You have the right to inspect and, upon written request, obtain a copy of your health information except under certain limited circumstances.

We may deny your request to inspect or receive copies in certain limited circumstances. If you are denied access to health information, in some cases you will have a right to request review of the denial. This review would be performed by a licensed health care professional designated by the City of Lowell who did not participate in the decision to deny access.

**Right to Request Amendment.** You have the right to request that we amend your health information. Your request must be made in writing and must state the reason for the requested amendment. We may deny your request for amendment if the information: (a) was not created by us, unless you provide reasonable information that the originator of the information is no longer available to act on your request; (b) is not part of the health information maintained by us; (c) is information to which you do not have a right of access; or (d) is already accurate and complete, as determined by us.

If we deny your request for amendment, we will give you a written denial notice, including the reasons for the denial. In that event, you have the right to submit a written statement disagreeing with the denial. Your letter of disagreement will be attached to your medical record.

**Right to an Accounting of Disclosures.** You have the right to request an "accounting" of certain disclosures of your health information. This is a listing of disclosures made by us or by others on our behalf, but does not include disclosures for treatment, payment and health care operations or certain other exceptions.

You must submit your request in writing and you must state the time period for which you would like the accounting. The accounting will include the disclosure date; the name of the person or entity that received the information and address, if known; a brief description of the information disclosed; and a brief statement of the purpose of the disclosure. The first accounting provided within a 12-month period will be free; for further requests, we may charge you our costs for completing the accounting.

**Right to a Paper Copy of This Notice.** You have the right to obtain a paper copy of this Notice, even if you have agreed to receive this Notice electronically. You may request a copy of this Notice at any time. **[In addition, you may obtain a copy of this Notice at our website [www.lowellma.gov](http://www.lowellma.gov)]**

#### **VIII. COMPLAINTS**

If you believe that your privacy rights have been violated, you may file a complaint in writing with us or with the Office of Civil Rights in the U.S. Department of Health and Human Services at 200 Independence Avenue, S.W., Room 509 F, HHH Building, Washington D.C. 20201.

To file a complaint with us, you should contact:

**City of Lowell  
Office of Human Relations  
Attn: Mary Gallery, HR Director  
Room 19, City Hall  
375 Merrimack St.  
Lowell, MA 01852**

We will not retaliate against you in any way for filing a complaint against the City of Lowell.